

Exhibit N

**CENTER FOR DRUG EVALUATION AND
RESEARCH**

APPLICATION NUMBER:

020687Orig1s020

**RISK ASSESSMENT and RISK MITIGATION
REVIEW(S)**

Risk Evaluation and Mitigation Strategy (REMS) Memorandum
REMS Modification

U.S. FOOD AND DRUG ADMINISTRATION
CENTER FOR DRUG EVALUATION AND RESEARCH

(b) (6)

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NDA: 020687
PRODUCT: Mifeprex (mifepristone) oral tablets
APPLICANT: Danco Laboratories (Danco)
FROM: [REDACTED] (b) (6)
DATE: March 29, 2016

This memorandum provides the [REDACTED] (b) (6) review of the proposed modifications to the Mifeprex Risk Evaluation and Mitigation Strategy (REMS) addressed in the [REDACTED] (b) (6) (b) (6) REMS Modification Review and Addendum to REMS Modification Review. A REMS for Mifeprex was approved on June 8, 2011, to ensure the benefits of the drug outweighed the risks of serious complications. The Mifeprex REMS consists of a Medication Guide, elements to assure safe use (ETASU), an implementation system, and a timetable for submission of assessments of the REMS.

Mifeprex was approved for the medical termination of an intrauterine pregnancy through 49 days of gestation on September 28, 2000, with a restricted distribution program under 21 CFR 314.520 (Subpart H). It was deemed to have a REMS under section 505-1 of the Federal Food, Drug, and Cosmetic Act with the passage of the 2007 Food and Drug Administration Amendments Act. A formal REMS proposal was submitted by Danco and approved on June 8, 2011. The goals and elements of the approved Mifeprex REMS are briefly summarized in Table 1 below.

Table 1. Summary of Mifeprex REMS¹

REMS Goals	To provide information to patients about the benefits and risks of Mifeprex before they make a decision whether to take the drug.
REMS Elements	<p>Medication Guide</p> <p>ETASU A – Special certification of healthcare providers (HCPs) who prescribe Mifeprex: Completion of Prescriber's Agreement form and enrollment in the REMS program.</p> <p>ETASU C – Mifeprex is dispensed only in certain healthcare settings: It is only available to be dispensed in clinics, medical offices or hospitals, under the supervision of a specially certified prescriber. Mifeprex will not be distributed to or dispensed through retail pharmacies.</p> <p>ETASU D – Safe-use conditions: Patients must complete and sign the Patient Agreement form that is to be placed in the patient's medical record. A copy of the Patient Agreement form and Medication Guide must be provided to the patient.</p>
Implementation System	Distributors of Mifeprex must be certified and agree to ship Mifeprex only to locations identified by certified prescribers. Distributors must agree to maintain secure and confidential records, as well as, follow all distribution guidelines concerning storage, shipments and controlled returns.

¹ Source: The [REDACTED] (b) (6) REMS Modification Review (NDA 20867/S-020, dated March 29, 2016), Table 1.

On May 29, 2015, Danco submitted an efficacy supplement (S-020) that proposed modifications to the Mifeprex Prescribing Information and REMS. In the S-020 submission, Danco seeks the following major changes (among others):

- [REDACTED] (b) (4) dosing regimen of Mifeprex and misoprostol
- Extension of maximum gestational age from 49 days to 70 days
- Replacement of the term “licensed physician” with “[REDACTED] (b) (4) in the REMS Prescriber’s Agreement form
- Removal of the phrase “Under Federal Law” from the REMS Prescriber’s Agreement form
- Revisions to the Patient Agreement form reflecting changes to the Prescribing Information

The proposed changes in the efficacy supplement prompted revisions to the Mifeprex REMS materials and also updating of the REMS materials to current format. During review of this efficacy supplement, we also evaluated the current REMS program to determine whether each Mifeprex REMS element remains necessary to ensure the drug benefits outweigh the risks. The Agency considered the recent [REDACTED] (b) (6) REMS Assessment review completed October 13, 2015, safety data gathered since drug approval in 2000, and experience from current clinical practice to support additional modifications to the Mifeprex REMS.

After consultations between the [REDACTED] (b) (6) and [REDACTED] (b) (6) and considering the [REDACTED] (b) (6) (w) (w) REMS Modification Review and Addendum to the REMS Modification Review, [REDACTED] (b) (6) has determined that the approved REMS for Mifeprex should be modified as follows:

1. Revisions to the Prescriber’s Agreement form in addition to those proposed by the Applicant
2. Removal of the Medication Guide as a REMS element
3. Removal of the Patient Agreement form as a Documentation of Safe Use Condition (ETASU D)
4. Updating of REMS goals to reflect the above changes

We concur with [REDACTED] (b) (6) recommendation that the Prescriber’s Agreement form should include other modifications to reflect current REMS standards and materials and also to reflect changes to align with approval of the efficacy supplement S-020, such as the dose and dose regimen and upper limit of gestational age.

In addition, we agree with Danco’s proposed removal of the phrase “Under Federal Law,” because of the lack of precedent for requiring such text and clinical rationale for its inclusion. As approvals and REMS are governed by Federal law, the phrase “Under Federal law” is unnecessary. Regarding Danco’s proposal to replace “licensed physician,” we have determined that the replacement term should be “licensed healthcare providers who prescribe,” to include other practitioners who prescribe; in addition, this phrase is consistent with language in the statute.

We concur with [REDACTED] (b) (6) recommendation that the Medication Guide is no longer necessary as an element of the REMS to ensure the benefits of Mifeprex outweigh its risks. The Medication Guide will continue to be part of the approved labeling that must be provided to a patient in accordance with 21 CFR part 208. Like other labeling, Medication Guides are subject to the safety labeling change provisions of section 505(o)(4) of the FDCA.

In addition, we concur with [REDACTED] (b) (6) recommendation that the signed Patient Agreement form is no longer necessary and should be removed as a condition of safe use (ETASU D). Recent professional guidelines for women seeking surgical and medical abortion services emphasize comprehensive counseling, education about the risks of different treatments, and obtaining and documenting informed consent.²³ The National Abortion

² ACOG. Medical management of first trimester abortion. ACOG Practice Bulletin #143. Obstetrics and Gynecology 2014; 123(3):676-692

Federation (NAF) clinical practice guidelines include a standard stating that documentation must show that the patient affirms that she understands the procedure and its alternatives, the potential risks and benefits, and that her decision is voluntary.⁴ Approximately (b) (4)% of the use of Mifepristone in the U.S. is through Planned Parenthood Federation of America (PPFA)- and NAF-affiliated members, where patient counseling and informed consent is standard of care. The practice of treating women with Mifepristone is well-established by these organizations and their associated providers who choose to provide this care to women. In addition, the Medication Guide, which must be provided to the patient under 21 CFR part 208, contains the same risk information contained in the Patient Agreement form.

The safety profile of Mifepristone is well-characterized and its risks well-understood after more than 15 years of marketing. Serious adverse events are rare and the safety profile of Mifepristone has not substantially changed.⁵ The removal of the Medication Guide as a REMS element and of the Patient Agreement form is not expected to adversely impact the ability of the REMS to ensure that the drug benefits outweigh its risks. The benefit-risk balance of Mifepristone remains favorable in the presence of the following:

- Retention of ETASUs A and C in the Mifepristone REMS: The Prescriber's Agreement form required for prescriber certification under ETASU A will continue to require that providers "explain the procedure, follow-up, and risks to each patient and give her an opportunity to discuss them." The REMS will continue to require that Mifepristone be dispensed to patients only in certain healthcare settings, specifically, clinics, medical offices, and hospitals by or under the supervision of a certified prescriber. This ensures that Mifepristone can only be dispensed by or under the direct supervision of a certified prescriber.
- Communication of risks through patient labeling: The Medication Guide, which will be retained as part of labeling, contains the same risk information covered under the Patient Agreement form. Under 21 CFR 208.24, prescribers who dispense Mifepristone are required to provide the Medication Guide to patients. The Prescriber's Agreement form also reminds the prescriber to provide the Medication Guide to the patient.
- Information from published articles on established clinical practices: This information, including clinical guidelines and publications, indicates that comprehensive patient counseling and informed consent prior to medical or surgical abortion treatment is standard of care when using Mifepristone.

We have also determined that the information in the efficacy supplement supports changes to the goals of the Mifepristone REMS. We concur with (b) (6) recommendation that the REMS goals should be modified from:

- A. To provide information to patients about the benefits and risks of Mifepristone before they make a decision whether to take the drug.
- B. To minimize the risk of serious complications by requiring prescribers to certify that they are qualified to prescribe Mifepristone and are able to assure patient access to appropriate medical facilities to manage any complications.

to:

The goal of the Mifepristone REMS is to mitigate the risk of serious complications associated with Mifepristone by:

- a) Requiring healthcare providers who prescribe Mifepristone to be certified in the Mifepristone REMS Program.

³ National Abortion Federation Membership information accessed on the internet at <http://prochoice.org/health-care-professionals/naf-membership/> on March 11, 2016

⁴ National Abortion Federation Clinical Policy Guidelines (for abortion care). Revised 2015 edition, 56 pages, accessed on the internet at http://prochoice.org/wp-content/uploads/2015_NAF_CPGs.pdf on March 11, 2016.

⁵ (b) (6) Mifepristone Post-marketing Safety Review, dated August 20, 2015.

b) Ensuring that Mifeprex is only dispensed in certain health care settings under the supervision of a certified prescriber.

The above REMS modifications and changes in goals were discussed with the [REDACTED] (b) (6) and concurrence with these changes was obtained.

The modified Mifeprex REMS should consist of ETASU A, in which healthcare providers who prescribe Mifeprex will be certified, and ETASU C, in which Mifeprex will be dispensed only in certain health care settings (specially clinics, medical offices, and hospitals) by or under the supervision of a certified prescriber. The Mifeprex REMS will also include an implementation system, and a timetable for continued submission of assessments of the REMS.

Addendum:

On March 28, 2016, Dr. Janet Woodcock, the Director, Center for Drug Evaluation and Research, asked [REDACTED] (b) (6) and [REDACTED] (b) (6) to continue to include a Patient Agreement form in the REMS for Mifeprex (see March 28, 2016 Memorandum from Janet Woodcock, MD, Director, Center for Drug Evaluation and Research, through [REDACTED] (b) (4) [REDACTED] (b) (6) the Director, OSE, and [REDACTED] (b) (6), to the Directors of [REDACTED] (b) (4) and [REDACTED] (b) (4). Therefore, the Patient Agreement form will be retained and other changes will be made in the REMS to reflect that it is being retained, as described in the [REDACTED] (b) (6) Addendum to REMS Modification Review.

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/s/

(b) (6)

03/29/2016

Signing for (b) (6), (b) (6)